28	82
	96

DISCLOSURE STATEMENT TRANSMITTAL

To Commissioner For Patents

Enclosed herewith is a Form PTO-1449, required copies of documents listed thereon, and a concise explanation of their relevance is described below or enclosed herewith per 37 CFR 1.97.

Application Number	09/966,415
Filing Date	SEPTEMBER 28, 2001
First Named Inventor	BERT L. A. VERDONCK ET AL.
Group Art Unit	2882
Examiner Name	
Attorney Docket Number	NL 000522

	m
Thes	e documents may be relevant in that they have been: $\frac{Q}{Z} = \frac{Q}{Z}$
	e documents may be relevant in that they have been: considered in drafting the specification of the above-referenced application; cited in the specification of the above-referenced
	cited in the specification of the above-referenced application;
	previously submitted or cited in U.S. patent application (£s) which are relied on for an earlier effective filing date under 35 U.S.C. 120 (no copy required); or
X	cited as an "X" or "Y" document in a foreign Patent Office search report on a foreign counterpart application, a copy of which report is also enclosed; I hereby certify that these documents were first cited in any communication with a foreign Patent Office for a counterpart foreign application not more than three (3) months ago;
	otherwise a concise explanation of the relevance of each document is append hereto. I hereby certify that not one of these documents was cited in any communication with a foreign Patent Office nor was any known
	to any individual designated in §1.56(c) more than three (3) months ago.
Name (P.	signature of APPLICANT, ATTORNEY, OR AGENT REQUIRED rint Type) JOHN VODOPIA Registration No. (Attorney/Agent) 36,299
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED rint Type) JOHN VODOPIA Registration No. (Attorney/Agent) Date 2(5/02
Signature	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED rint Type) JOHN VODOPIA Registration No. (Attorney/Agent) Date CERTIFICATE OF MAILING OR TRANSMISSION
Signature	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED rint Type) JOHN VODOPIA Registration No. (Attorney/Agent) Date 2(5/02
Signature I hereby c	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED rint Type) JOHN VODOPIA Registration No. (Attorney/Agent) Date CERTIFICATE OF MAILING OR TRANSMISSION certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents
Signature I hereby c	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Fint Type) JOHN VODOPIA Registration No. (Attorney/Agent) CERTIFICATE OF MAILING OR TRANSMISSION Pertify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents on, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office tel#: on the date below: Fint Type) G. W. M. C.